

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to psychiatric bed tracking system

The Human Services Department hereby amends Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4 and 2017 Iowa Acts, House File 653, section 87.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4 and 2017 Iowa Acts, House File 653, section 87.

Purpose and Summary

This amendment requires hospitals providing inpatient psychiatric services, including the state mental health institutes (MHI), to update the inpatient psychiatric bed tracking system at least two times per day with the number of available, staffed beds by gender, child, adult, and geriatric.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on February 28, 2018, as **ARC 3659C**. The Department received no public comments during the comment period. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on Human Services on April 11, 2018.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa. The new subrule requires that hospitals update the psychiatric bed tracking system twice daily. The Department has already spent the funds to develop the tracking system to be used by the institutions. There are no additional expenses to the State related to this rule making.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s

meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on July 1, 2018.

The following rule-making action is adopted:

Adopt the following **new** subrule 77.3(3):

77.3(3) *Psychiatric bed tracking system.* As a condition of participation in the medical assistance program, hospitals must establish procedures for participating in and updating the statewide psychiatric bed tracking system.

a. Definitions.

“Adult beds” means the number of staffed and available psychiatric beds ready for admission to individuals 18 years of age to 60 years of age.

“Child beds” means the number of staffed and available psychiatric beds ready for admission to individuals up to the age of 18.

“Gender” means female or male.

“Geriatric beds” means the number of staffed and available psychiatric beds ready for admission to individuals 60 years of age and older.

“Hospital,” for purposes of this subrule, means any licensed hospital providing inpatient psychiatric services and the state mental health institutes.

“Psychiatric bed tracking system” means a web-based electronic system managed by the department that can be searched to locate inpatient psychiatric services at an Iowa hospital.

b. Hospitals are required to participate in the psychiatric bed tracking system.

c. Hospitals shall update the psychiatric bed tracking system, at a minimum, two times per day. The first update shall be entered between 12:00:01 a.m. and 9:59:59 a.m. each day; the second update shall be entered between 8:00:00 p.m. and 11:59:59 p.m. each day.

d. Each update must include the number of child beds by gender, the number of adult beds by gender, and the number of geriatric beds by gender.

e. Failure to comply with the psychiatric bed tracking reporting may result in sanctions in accordance with rule 441—79.2(249A).

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 5/9/18.